

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		4/2/94
O.I.P.E. CLASSIFIER		10	4-27-94
FORMALITY REVIEW	Dm	72223	5/3/99
		72223	8/3/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	7/24/94
2	7/24/94
3	7/24/94
4	7/24/94
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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